

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.		
<p>A. Name and address of each bank or financial institution in which you or an immediate family member had an account over \$24,000 at any time during the report period.</p> <p><i>Boeing Employee CU 1512 Sixteenth Street Seattle WA 98101</i></p> <p>B. Name and address of each insurance company where you or an immediate family member had a policy with a cash or loan value over \$24,000 during the period.</p> <p><i>Nationwide 700 5th Ave Seattle WA 98104</i></p> <p>C. Name and address of each company, association, government agency, etc. in which you or an immediate family member, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you or your immediate family member had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. Stock shall be reported by market value at the time of reporting.</p>		Type of Account or Description of Asset <i>Checking</i>	Asset Value (Use 1-9 Code) <i>(3)</i>	Income Amount (Use 1-9 Code) <i>(2)</i>
		Referred Compt	<i>(6)</i>	<i>(0)</i>
			<i>()</i>	<i>()</i>
			<i>()</i>	<i>()</i>
			<i>()</i>	<i>()</i>
			<i>()</i>	<i>()</i>
Check here <input type="checkbox"/> if continued on attached sheet.				
4 CREDITORS		List each creditor you or an immediate family member owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.		
<p><i>Nationwide, 220 Lesley Ave, W. Hills-Barrett Nat. Onward, 700 5th Ave, Seattle WA Upstart, PO Box 1503, San Carlos CA</i></p> <p>Check here <input type="checkbox"/> if continued on attached sheet.</p>		Terms of Payment (eg. 6 years at 5.25%) <i>30 yr. 5 yr. 5 yr.</i>	Security Given	original <i>(5)</i> current <i>(3)</i>
				<i>(3)</i> <i>(3)</i>
				<i>(6)</i> <i>5</i>
5 NET WORTH		Enter Dollar Amount <i>\$ 679,197</i>		
<p>6 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate or an appointee to a vacant elective office filing your initial report, no F-1 Supplement is required.</p> <p>Incumbent elected officials filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.</p> <p>A. At any time during the reporting period were you and/or an immediate family member (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? <input type="checkbox"/> If yes, complete Supplement, Part A.</p> <p>B. Did you and/or an immediate family member have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? <input checked="" type="checkbox"/> If yes, complete Supplement, Part A.</p> <p>C. Did you and/or an immediate family member own a business at any time during the reporting period? <input type="checkbox"/> If yes, complete Supplement, Part A.</p> <p>D. Did you and/or an immediate family member prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? <input type="checkbox"/> If yes, complete Supplement, Part B.</p> <p>E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, and/or an immediate family member accept a gift of food or beverages costing over \$50 per occasion? <input type="checkbox"/> or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? <input type="checkbox"/> If yes to either or both questions, complete Supplement, Part C.</p>				
ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.		<p>Contact Telephone: <input type="text"/> *</p> <p>Email: <input type="text"/> (work)*</p> <p>Email: <input type="text"/> (Home) Optional</p>		
<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p> <p><i>2/22/19</i> <i>Christopher Ray</i></p> <p>Date Signature</p>				

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information. Report Not Acceptable Without Filer's Signature



File with: Seattle City Clerk
PO BOX 94728
Seattle, WA 98124-4728
Questions: (206) 684-8500
(206) 615-1248
Polly.Grow@Seattle.gov

SEEC FORM
F-1
SUPPLEMENT
(7/18)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS

Last Name *Reynor* First *Christopher* Middle Initial *J.* DATE *2/21/19*

A OFFICE HELD,
BUSINESS
INTERESTS:

Provide the following information if, during the reporting period, you or any immediate family member

(1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or

(2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: *Christopher James Reynor*

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

Environmental Equity Consultants

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: *Env. Equity Consultants addresses the disparity experienced by people of color in predominantly white led Env. Org.*

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

80

Amount (actual dollars)

\$ *80*

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

80

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

80

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name				
ENTITY NO. 2 Reporting For: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Dependent <input type="checkbox"/>				
LEGAL NAME: POSITION OR PERCENT OF OWNERSHIP				
TRADE OR OPERATING NAME:				
ADDRESS:				
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:				
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments Amount (actual dollars) \$ PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not required)				
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required)				
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):				
Check here <input type="checkbox"/> if continued on attached sheet				
B LOBBYING: List persons for whom you, or any immediate family member, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.				
Person to Whom Services Rendered		Description of Legislation, Rules, Etc.		Compensation (Use Code 1- 9) () () ()
Check here <input type="checkbox"/> if continued on attached sheet				
C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.				
Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code1-9) () () ()
Check here <input type="checkbox"/> if continued on attached sheet				

Information Continued**F-1 Supplement**

Name

ENTITY NO.

Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

B LOBBYING: (Continued)

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code 1-9)
		()
		()
		()

**C FOOD
TRAVEL
SEMINARS** (continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code 1-9)
			\$	()
				()
				()

